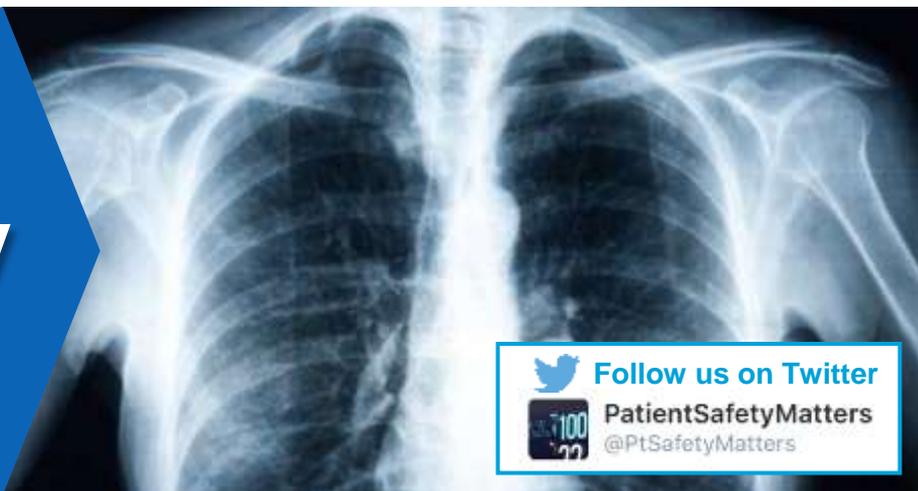


Patient Safety Matters



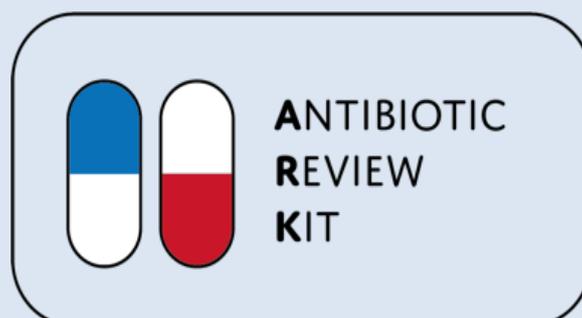
PROMOTING A CULTURE OF SAFETY AND QUALITY AMONGST JUNIOR DOCTORS

ISSUE 25 – April 2018

New antibiotic stewardship research study in medicine

Most of you will be aware that antibiotic resistance is growing and multi-drug resistant bacteria are a real threat. We need to be better stewards of antibiotics so they continue to work. National guidelines encourage us to review antibiotics at 48-72hr, aiming to switch them to oral or stop but the review process isn't always easy; most patients carry on broad-spectrum IV antibiotics.

Antibiotic Review Kit (ARK) is a research study that is designed to help the antibiotic review process. It will be starting in adult medical patients in York on 4th June. The main intervention of ARK is simple: a 'decision aid' to be completed every time an antibiotic is prescribed. The decision aid has two categories, based on how likely infection is: 'possible' and 'probable'. 'Possible' means bacterial infection possible but diagnosis more likely non-infective; 'probable' means bacterial infection is the most likely cause of the patient's illness.



Data from other hospitals shows this simple intervention helps doctors when they review antibiotics later, increasing the percentage that stop or switch to oral. That's why we want to trial it in our trust. If you're working in adult medicine in York please do the online learning to find out more (<https://tinyurl.com/yby4qser>). It will take only 10 minutes and you'll get a certificate!

Any questions, please contact Damian Mawer (microbiology consultant, 6188), Alex Brightmore (locum CT in endocrinology) or Joseph Suich (F1 in anaesthetics).

Damian Mawer, *Microbiology Consultant*, Damian.Mawer@YORK.NHS.UK

Junior Doctors Safety Improvement Group

Concerned about Patient Safety? You can make a difference! Joining the Junior Doctor Safety Improvement Group will give you the opportunity to get involved in multiple projects on various aspects of patient safety.

15th May 2018 17:15–19:00

Video link between

Boardroom, York Hospital and Orchard room, Scarborough Hospital

Steroids in Addison's disease



Addison's disease (also called adrenal insufficiency) is a rare, potentially fatal condition where the adrenal glands cease to function and produce steroid hormones (cortisol and aldosterone).

These hormones contribute to:

- blood pressure control
- immune system response
- stress response
- insulin response

**People with Addison's disease require life-long, daily treatment with replacement steroids.
Usually HYDROCORTISONE ± FLUDROCORTISONE**

When these patients become ill or undergo a highly stressful situation (procedure/ shock/accident), the adrenal glands would naturally increase the release of these hormones to help the body recover. This does not happen in Addison's disease.

Therefore, higher doses of steroids are required for these patients to avoid ADRENAL CRISIS:

- High doses of steroids (IV or oral) are given until the patient is clinically stable.
- Then, the dose is usually switched to the pre-admission basal dose.

If STEROIDS are MISSED, a life-threatening condition known as ACUTE ADRENAL CRISIS can occur.

- Adrenal crisis symptoms include:
- Severe vomiting and diarrhoea
 - Pains in the back and abdomen
 - Dehydration
 - Low blood pressure

**NEVER omit STEROIDS in Addison's disease patients.
If patients are unable to swallow, ask a doctor to switch to
IV formulation (hydrocortisone IV).**

For further advice during office hours, contact the local Endocrine Team - York 772 4942 and Scarborough via switchboard.

Almu Bermejo, Specialist Pharmacist, Almu.Bermejo@york.nhs.uk

Best prescribing practice for opiate dependent patients

Management of patients with opiate dependency and withdrawal in an acute hospital setting is challenging and complex. All patients identified as opiate dependent on admission should be referred to the Substance Misuse Liaison Service York Hospital only-ext:6559 or North Yorkshire Horizons for Scarborough patients 01723 330730. Advice and guidance about the appropriate clinical management for this patient group can be found in the Trust's 'Drug Misuse: policy and procedures for the identification and management of patients' available on staff room: <http://staffroom.ydh.yha.com/clinical-Directorate-Information/clinical-documents-general>

Pharmacological management is managed according to the Trust's 'Opiate Dependence Management Pathway' available across all trust sites in all clinical areas. This pathway offers clear advice on opiate substitute prescribing (OST- Methadone or Buprenorphine), and should be commenced on admission. Any OST MUST be prescribed on this pathway ONLY and cross referenced on epma as a supplementary chart. Methadone or Buprenorphine MUST NOT be prescribed on epma also, as this can lead to serious consequences, due to duplicate prescribing and administration.

There is an order set relating to this supplementary chart on epma listing appropriate pharmacological management of potential opiate withdrawal symptoms that can be prescribed on epma. Please ensure naloxone is prescribed via this order set for all patients commenced on the 'Opiate Dependence Management Pathway' as advised on the supplementary chart.

There is an eLearning module available via learning hub for all clinical staff- 'Management of Opiate Dependence and Withdrawal in an Acute Hospital Setting'. It is recommended that any prescribers complete this module prior to consideration of prescribing Methadone or Buprenorphine as an OST.

Resilience

What is resilience?

If you search the word resilience the English Oxford Dictionary offers two definitions:

- 'The capacity to recover quickly from difficulties; toughness.'
- 'The ability of a substance or object to spring back into shape; elasticity.'

In a personal sense resilience is a term often used to refer to a person's ability to bounce back or to resist adversity without developing physical, psychological or social disabilities. The jury is generally out on a global definition of personal resilience, but I identify with it as the ability to utilise resources (both internal and external) to face challenges while continuing to gain joy and happiness in life and without long term enduring distress.



Why should we be interested in resilience and well-being?

Healthcare workers deal with adversity throughout their careers. Imagine healthcare utopia; there are no bed pressures, there are no rota gaps, equipment is filed and easily accessible, computer systems link up with one another... Even in the best working conditions staff would experience adversity. Adversity in the form of death, ill health, facing emotionally charged situations, making mistakes and so on. Our personal resilience is therefore incredibly important, and I feel we should spend time considering our skills and resources.



What can I do?

You can consider your own resilience and build upon it. The stereotypical picture used to represent resilience is a lone isolated tree; these images do not show the support required to get to that point!

- Develop support networks (friends/family/colleagues)
- Be Active; exercise boosts mood
- Eat Well; a balanced diet optimises energy levels
- Learn about stress and your relationship to it
- Try Mindfulness (Free session on Headspace App)

BMA members can learn more about resilience and how to build on their existing skills in resilience via their E-learning module http://learning.bmj.com/learning/module-intro/resilience.html?moduleId=10060244&locale=en_GB.

For more information about well-being in York Teaching Hospitals NHS Foundation Trust visit the well-being team webpage <https://www.yorkhospitals.nhs.uk/work-with-us/staff-benefits-and-wellbeing/wellbeing-team/information/>

Dr Jaimee Wylam, Leadership Fellow, Future Leaders Programme, @29Jaimee (Twitter)

Improvement Academy Courses

The NHS Improvement Academy have released two June dates for their popular free courses

'Understanding and Reducing Variation in Healthcare' and **'SPC in Healthcare'**

To register for these courses visit:

<http://www.improvementacademy.org/training-and-events/>

Help shape the future of NHS patient safety investigations

NHS Improvement is keen to hear your views on how and when NHS patient safety incidents should be investigated.

When something goes wrong with a patient's care that meets the NHS definition of a Serious Incident, NHS providers are expected to undertake an investigation so lessons can be learnt to prevent similar incidents being repeated.

However, evidence from patients, families, carers and staff, along with recent reports and reviews (including those from the Care Quality Commission, Parliamentary and Health Service Ombudsman, and the Public Administration Select Committee) have revealed weaknesses in the way these investigations are conducted, meaning important learning could be missed.

To support the NHS to address these weaknesses, NHS Improvement has launched a 12 week public engagement programme asking NHS staff, patients, families and the general public to share their views on how and when Serious Incidents should be investigated.

This will be used to inform the next version of the NHS Serious Incident Framework, which sets out the national guidance on Serious Incident investigation.

The engagement remains open until 12 June 2018. Further details and information on how to take part are available on the NHS Improvement website <https://improvement.nhs.uk/resources/future-of-patient-safety-investigation>



The IGNAZ App – for junior doctors

The IGNAZ smartphone app has been developed within the Trust to provide junior doctors with access to the latest key clinical information from Staff Room in an easy and simple way. The app is available to download on Staff Room: <http://staffroom.ydh.yha.com/Learning-Development-and-Professional-Registration/postgraduate-education/the-ignaz-app-for-junior-doctors> or if you would like to suggest any clinical content please contact Jocelyn.matthews@york.nhs.uk



Group Representation

We are working to **empower** and **support** junior doctors to attend and **contribute** to Trust level meetings. Junior doctors and groups will benefit! The following groups are looking for junior representation:

- EPMA (Electronic Prescribing)
- HIPCG (Infection Prevention)
- Point of Care Testing Committee
- Deteriorating Patient Group
- Patient Experience Steering Group
- VTE Committee

Contact PatientSafetyMatters@york.nhs.uk for more information or if you would like to get involved.

Editorial Team

William Lea (Improvement Fellow, Deputy Chief Editor), Ruwani Rupesinghe (Chief Registrar), Laura Bamford (Dental Core Trainee), Liz Jackson (Patient Safety), Helen Holdsworth (Pharmacy), Sarah Pearson (FY1 Doctor), Donald Richardson (Quality Improvement, Chief Editor)

Email PatientSafetyMatters@york.nhs.uk if you have any comments or would like to contribute.

Check out www.yorkhospitals.nhs.uk/patientsafetymatters for more information